

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Evandale Dale Rsa Crm Lower

JUL 27 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

48514

1. PLACE OF DEATH

County St LouisRegistration District No. 790Township ClaytonPrimary Registration District No. 60385City Clayton(No. St Louis)

File No.

Registered No. 227

Ward

2. FULL NAME

(a) Residence, No. 227

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

6-7-36

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Clayton Mo

FATHER

13. NAME

?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

F. Lina Bowles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Louis Co Mo

17. INFORMANT (ADDRESS)

St Louis Co Mo

18. BURIAL, CREMATION, OR DISPOSAL

PLACE Wash. Park DATE 6/19

1936

19. UNDERTAKER (ADDRESS)

Staten + Sons

20. FILED

6/19 1936 Dr. A. J. Agnolle

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

6-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw h..... alive on , 19 Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillbirth 4 30 am

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Wm. Weber

M. D.

(Address) St Louis County, Mo

